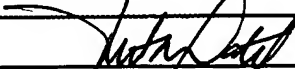


Substitute for Form 1449 A & B/PTO <u>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</u> <i>(use as many sheets as necessary)</i>			Complete if known 10/502293	
			National Stage Application Based on PCT/GB2003/000248 filed January 22, 2003	
			Application Number	
			Confirmation Number	
			Filing Date	
			First Named Inventor	
			Art Unit	
			Examiner Name	
			Attorney Docket Number	
Sheet	1	of	1	
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Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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		Country Code ³	Number ⁴	Kind Code ⁵ (if known)			
uf		WO	95/17138	A1	06-29-1995	Atos Medical AB	
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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation ⁶

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